Reaccreditation Outcomes Summary Table

## An Update on the School of Social Work’s Alternative Reaffirmation Project:

*Developing Concepts, Frameworks and Applications of a Trauma-Informed, Human Rights Perspective in Social Work Practice.,* 2009 – 2017

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| Component 1: Conceptualization | *To conceptualize a trauma-informed, human rights (TI-HR) perspective for social work direct and policy practice, exploring core constructs and theoretical frameworks and their application to practice.* |

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| **Proposed objectives and outcomes:** | **Measurable Outcomes and resulting products** |
| **OBJECTIVE: To conceptualize a trauma-informed and human rights perspective for social work:**  Review the professional literature | Began Literature review in 2009 to conceptualize a TI-HR perspective. The concepts of Trauma-Informed Care and Human Rights in social work were identified in the Reaccreditation Proposal (2009):   * Trauma Informed Care   + The 5 main principles of TIC are Safety, Trustworthiness, Collaboration, Empowerment, and Choice as experienced by both clients and staff (Fallot, 2009) * Trauma informed service delivery   + Client care that takes into account the potential role of violence and victimization in the lives and development of individuals using mental health and other human services. * Human Rights   + Human rights violations and trauma often intersect so addressing human rights in order to learn how to prevent human rights violations is a logical companion to trauma informed care   + Encompasses basic human needs such as needs for food, shelter, clothing, education and health care   + Includes rights to dignity, privacy and opportunities to achieve one’s potential (Flynn, 2005) * Theories of organizational change and transformation   + Developing an understanding of how organizations change and incorporate a Trauma-informed, Human Rights approach * A human rights perspective in Social Work education and practice   + Human rights in social work education includes not only learning to respect and value human rights, but taking on the important role of advocating for human rights and against human rights violations   A PhD student, in conjunction with clinical associate professor, Sue Green, LCSW, reviewed the literature on TIC published between 2004 and 2014.  Keesler, J. & Green, S. A. (2014). Advancing a National Initiative to Become Trauma-informed Through University-Community Partnerships. Paper presented at Council on Social Work Education Annual Meeting University-Community Partnerships Track, Tampa, Florida.   * manuscript being revised and resubmitted as of May, 2017 |
| Conduct interviews with key informants  *“Consumers, clients and community agency personnel will be actively involved in our process.”* | Conducted six individual interviews with key personnel from community agencies   * Key informants ranged from executive officers to clinicians and other agencies personnel with expertise in refugee services, human services, public school system, and mental health services |
| Gather information from agency focus groups and surveys with staff | Project staff contacted 32 agencies and conducted 10 agency focus groups   * Asked about agency staff knowledge and use of the five main principles of trauma informed care and human rights * The agencies involved specialized in developmental disabilities, substance abuse, emergency services, mental health services, child welfare, refugee services, juvenile justice, gerontology, poverty and human services |
| Gather information from interviews with clients | 35 client interviews were conducted with clients from 7 agencies   * 5 of the 32 agencies directed us towards specific clients to interview; 7 other agencies agreed to post flyers in their waiting room for clients to call the study number * After the interview, clients were given a survey with a stamped envelope to complete the survey for component 3 (if they wanted to) |
| **OBJECTIVE: To measure the extent to which community organizations incorporated a TI-HR perspective in their service delivery and organizational culture:**  Analyze data from agency focus groups and key informant interviews | Feedback from interviews and focus groups suggest that some of the agencies in this study use trauma‐informed care with their clients and staff, some of the agencies use trauma‐informed care with only their clients, and some agencies do not use it with either clients or staff.   * **Safety:** All agencies had policies and procedures around physical safety of clients, though sometimes this was at the expense of client emotional safety   + Some agencies had well-defined policies for emotional safety of clients while others had difficulty perceiving what emotional safety might look like at their agency   + Almost all agencies had policies and practices to ensure physical safety for staff but very few considered emotional safety, some reported regular supervision or an employee mental health committee * **Trustworthiness:** there were many examples of ensuring trustworthiness between staff and clients, but many agencies had no established means of ensuring trustworthiness amongst staff themselves   + Examples of ensuring trustworthiness between clients included having informed consent, using language appropriate for each client specifically, confidentiality policies, setting professional boundaries   + Examples of trustworthiness amongst the staff included holding regularly scheduled meetings and using open lines of communication * **Choice and Control**: Most of the agencies spoke about their values of choice and control for clients, however, in providing examples, it seemed that many clients and staff did not experience either choice of control   + policies and practices concerning client experiences of control generally centered on the client’s right to refusal and client choice as to scheduling services   + Complications with providing choice to court-mandated clients; sometimes the environment doesn't foster choice; there may be no other service options available   + Some agencies tried to maximize staff experiences of choice and control through various means such as choice of hours to work, and allowing the use of different therapeutic techniques with clients, though some staff did not conceptualize choice and control as part of their vocation * **Collaboration:** Emphasis on communication was conceptualized as collaboration   + Staff often will collaborate “around” clients but not often with them   + Treatment plans empower clients to have a role in their own “diagnosis” and “treatment”   + Consumer satisfaction surveys for clients and mentor programs for new staff * **Empowerment**: Client empowerment was valued by many of the agencies, utilizing strengths-based or client-centered models, while staff empowerment was a more difficult concept   + Examples of client empowerment include letting clients choose their own foals, recognizing client accomplishments, teaching certain skill sets, building on client’s existing skills, helping with concrete needs   + Some agencies gave their clinicians access to regular trainings, promoted from within and acknowledged when staff members had accomplishments, while other agencies met this questions with blank stares and no concrete answers * **Protection of Human Rights:** Since many agencies used client-centered models, they naturally used programs and policies that protected their clients’ human rights, though protecting staff human rights was a more complicated issue, and none of the agencies had received any formal training regarding human rights |
| Analyze data from client surveys. Compare results with data from surveys and focus groups with agency personnel | Client data had not been analyzed at the time the final report was published in 2010, but was analyzed later and included in a paper. it was determined that client data could not be compared with agency staff because surveys were not administered simultaneously and the agency from which the client came was not documented in the client surveys   * As of May 2017, agencies that chose to participate in trauma-informed care trainings through the Institute on Trauma and Trauma Informed Care (ITTIC) now have the opportunity to compare both client and agency surveys if requested (See ITTIC page for more information)   Result from Client surveys have since been presented at the 26th Annual Conference, International Society for Traumatic Stress Studies (2010) and published in the Journal of Social Service Research (Wolf, Green, Nochajski, Mendel, & Kusmaul, 2014). |
| Compare qualitative results from Competency 1 with quantitative results from Competency 3 | Results from both Component 1 and Component 3 have been incorporated into several papers and presentations (See papers and presentations doc.). |
| Explicate components and applications of a TI-HR approach to social work practice through scholarly publications and conference presentations | Results have been incorporated into several papers and presentations (see Papers and Presentations) |
| Other | The Institute on Trauma and Trauma Informed Care (ITTIC) was developed in response to the Reaccreditation in order to meet the need in the community for ongoing training and resources on Trauma Informed Care. ITTIC continues to partner with community organizations to provide assessments and trainings on TIC and HR principles  <http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/our-services/training-and-consultation.html>  <https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/about-us/trauma-and-trauma-informed-care.html>   * TIC infographic (Located at bottom of page from link above) |

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